

Referral Form

into Domestic Violence Prevention Centre
Men's Domestic Violence Education and
Intervention Program

REFERRING ORGANISATION DETAILS	Organisation:		Referral date:	
	Contact name:		Contact number:	
	Email:	<i>(This email will be used to provide the referral outcome)</i>		

PLEASE NOTE: THE REFERRAL WILL NOT BE ACTIONED IF THIS SECTION IS INCOMPLETE

I give permission for the above agency to share the following details and information with the Domestic Violence Prevention Centre (DVPC) Gold Coast Inc. I understand that DVPC will then contact me on the provided contact details below regarding the Men's Domestic Violence Education and Intervention Program.

Signed:

Verbal consent given: Y
 N

REFERRED CLIENT DETAILS	Referred client's name:				
	Age:		DOB:		
	Does the client identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both	<input type="checkbox"/> Neither
	Street address:				
	Suburb:			Postcode:	
	Mobile phone:			Home phone:	
	Interpreter required:	<input type="checkbox"/> Y <input type="checkbox"/> N		Language:	
	Client email:				

EMERGENCY CONTACT INFORMATION	Emergency contact name:	
	Emergency contact relationship:	
	Emergency contact phone number:	
	Please select appropriate methods for emergency contact: <i>*We will only use SELECTED methods.</i>	
<input type="checkbox"/> CALL		
<input type="checkbox"/> SMS		
<input type="checkbox"/> Leave a voice message		
<input type="checkbox"/> Disclose where we are calling from (DVPC)		

Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and Intervention Program

<p>RELATIONSHIP INFORMATION</p> <p><i>(Please include any relevant person impacted by the referred client)</i></p>	Person impacted by referred client's behaviour:					
	DOB:		Age:		Gender:	
	Address/known location:					
	Mobile:					
	Email:					
	Type of relationship:		<input type="checkbox"/> Intimate	<input type="checkbox"/> Partner/current		
			<input type="checkbox"/> Ex-partner/separated			
			<input type="checkbox"/> Family <i>(Please specify familial relationship details)</i>			
	Person impacted by referred client's behaviour:					
	DOB:		Age:		Gender:	
	Address/known location:					
	Mobile:					
	Email:					
	Type of relationship:		<input type="checkbox"/> Intimate	<input type="checkbox"/> Partner/current		
<input type="checkbox"/> Ex-partner/separated						
		<input type="checkbox"/> Family <i>(Please specify familial relationship details)</i>				
<p>CHILD/REN DETAILS</p> <p><i>(Please include additional and/or relevant children details in 'Further Relevant Information')</i></p>	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			
	Name:					
	DOB:		Age:		Gender:	
	Relationship to referred client:		Relationship to person impacted by referred client's behaviour:			

Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and Intervention Program

ORDERS	Is there a Domestic Violence Order in place? (Previous/Conditions):		<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there Child Protection Orders in place? (Previous/Conditions):		<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there Family Law Court and/or Parenting Orders in place? (Previous/Conditions):		<input type="checkbox"/> Y <input type="checkbox"/> N
OTHER SERVICES	Are there any other services currently involved? (If yes, please specify):		<input type="checkbox"/> Y <input type="checkbox"/> N
	Are there any other services you have referred to? (If yes, please specify):		<input type="checkbox"/> Y <input type="checkbox"/> N
RECENT INCIDENT DETAILS	Recent incident date/time/location:		
	Reported to Police:	<input type="checkbox"/> Y <input type="checkbox"/> N	Investigating Officer and station:
	Medical attention required for either party:	<input type="checkbox"/> Y <input type="checkbox"/> N	Hospital details:
	Other relevant agencies involved (i.e. Housing, Legal, Child Safety):		
	<input type="checkbox"/> Y <input type="checkbox"/> N	Provide details:	

Referral Form

into Domestic Violence Prevention Centre

Men's Domestic Violence Education and
Intervention Program

FURTHER RELEVANT INFORMATION

For example:

- *What are your most significant concerns in relation to the D/FV?*
- *What are the most recent incidents of D/FV?*
- *Any pending court matters?*
- *Any further information regarding current risk (historical/current)?*

DOCUMENTS NEEDED

Note that the following documentation will need to be attached to the referral:

- Previous and/or Current Domestic Violence Order(s) or Temporary Protection Order(s) and relevant Police Protection Notice and/or initial DVO application.
- QP9s (if applicable) relating to DV offences.

Please note that without the above documentation, the referral will not be accepted.

If you have any questions regarding the required documentation, contact DVPC Men's Services to discuss further.

Thank you for sending completed referral forms to mdveipinfo@domesticviolence.com.au – our team will attempt to contact the client and the referral outcome will be provided via email to the referrer.